

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

PERMIT APPLICATION

2015044387

123_01-52 PAGE 1 9/12

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE			
LOCATION OF IMPROVEMENTS	Job Address <u>2870 NW 96 ST.</u>		CONTRACTOR INFORMATION
	Folio <u>MO-1104-003-2015.</u>		
TYPE OF IMPROVEMENTS	Lot <u>4</u>	Block <u>31</u>	OWNER'S NAME
	Subdivision _____	PBpg <u>10-17</u>	
	Metes and bounds _____		
PERMIT TYPE	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit		OWNER'S NAME
	<input checked="" type="checkbox"/> Building* Category <u>02</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX		
PERSON TO PICK UP PLANS	<input checked="" type="checkbox"/> Building* Category <u>02</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX		ARCHITECT ENGINEER
	<input type="checkbox"/> Enclosure <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only		
BONDING	<input checked="" type="checkbox"/> Building* Category <u>02</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX		Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection		

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that in this jurisdiction, I understand that separate permits are required for **ELECTRICAL, PLUMBING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation."

Signature of Owner or Owner's Agent _____

PRINT NAME ANTONIO GONZALEZ

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this

day of DECEMBER

by ANTONIO GONZALEZ

Signature of Notary Public _____

Print Name HARRY SANCHEZ

(SEAL)

Personally known _____

or Produced Identification _____

Signature of Qualifier _____

PRINT NAME _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this

day of _____, 20____

by _____

Signature of Notary Public _____

Print Name _____

(SEAL)

Personally known _____

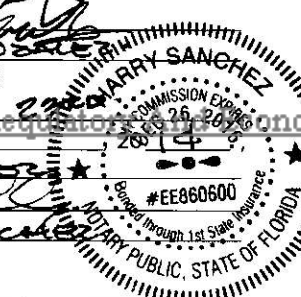
or Produced Identification _____



0000627578

Truc-
HOUSING

Miami-Dade County Department of Regulatory and Economic Resources - 100 Copy
0000627578 12-20-15
pac2015044387.pdf





miamidade.gov/building

REQUESTED REVIEWS

- ☒ ALL ☐ BLDG ☐ DERM ☐ ELEC ☐ ENRG ☐ FIRE
☐ HCAP ☐ LANDSCAPING ☐ MECH ☐ PLUM ☐ PWKS ☐ PWCC
☐ ROOF ☐ SIGN ☐ STRU ☐ ZNPR ☐ WASD
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW
☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) HARRY Last Name: (PRINT CLEARLY) SANCHEZ

Cellular Number: 3/807-7719 Office/Home Number: _____

EMAIL Address: HARRY.DESIGN@ATT.NET

Comments:

MINOR REPAIR - BEDROOM/KITCHEN

Bldg 02

NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 1/15 Clerk Name: TH Arrival Time: 9:55

Process No(s): 2015044387

- ☒ Walk-Thru ☐ Drop-Off ☐ Rework ☐ Re-Issue
☒ Residential ☐ Commercial ☐ Plan Revision ☐ Shop Drawing

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

BLDG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCAP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROOF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DERM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ELEC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MECH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	STRU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ENRG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PLUM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZNPR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FIRE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WASD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HRS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Miami Dade County Department of Regulatory and Economic Resources

0000627578 - 1/16/2015 12:00 PM

pac2015044387.pdf

Customer Notified By: _____ Date: ____/____/____ Time: ____:____:____